I. Name of Lobbyist(s):

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

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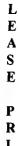
PLEASE PRINT

Paul A. Worsowicz; Heidi L. Kroll

NEW HAMPSHIRE DEPARTMENT OF STATE

	GALLAG	HER, CALLAHAN &	GARTRELL PC	
	214 Ne	orth Main Street, Con-	cord. NH 03301	
603-228	<u>5-1181</u>	603-226-3334		orsowicz@gcglaw.com
(Teleph	none)	(Fax)	<u> </u>	(Email)
I. This statement co portable expense tr	overs: (Choose one – file ansactions which are no	separate reports for e	each client, OR you ne client.)	may file a separate report for
X All reportable t	transactions occurring in t	he month prior to the re	porting date relative	to the following client.
AU	JTOLOTTO, INC. dba I	OTTERY.COM c/o N	AULTISTATE ASS	OCIATES INC
	(Full Name of Client a	is it appears on the Lobi	oyist Registration For	rm)
All reportable to unrelated to any	ransactions by the lobbyis y particular client.	at (including the lobbyis	t's family), or the lob	obying firm listed below which a
V. Date of Report:	April 25, 2018		July 25.	, 2018
eports cover: ac	tivity from date of registr	ation to 3/31/18	activity from 4/1.	
	October 31, 2018		January	30, 2019 🔲
	activity from 7/1/18 to 9/3	30/18	activity from 10/	
There have been no this box is checked, concord, NH 03301.	o fees received and no re complete just this form and	portable transactions I submit it to the Secreta	made since the last in arry of State's Office, i	report. State House, Room 204,
Cbeck if addition	al reports are attached:			
X If you have rece	ived fees or made expend	itures, you must file Ad	ldendum A – Fees ar	nd Expenses
— Expense Reimbi	ursement			- Report of Honorariums or
		e political contributions	, you must file Adder	ndum C – Political Contributio
vorn Statement/Affir	mation by Lobbyist	l. I m		
the best of my knowle	edge and belief.	nereby swear or affirm	that the foregoing in	formation is true and complete
	2//			
6 al 4	Worsource.		10-18	-10
Signature of Lobbyist				(Date)
aul A. Worsowicz				
Print Name of lobbyis	t)			





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STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Paul A. Worsowicz; Heidi L. Kroll			
II. Name of lobbyist'	s partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRI	ELL, P.C.		
	(Name of partnership, firm or corporat	ion)		
III. Name of Client	AUTOLOTTO, INC. dba LOTTERY.COM c/o MULTISTATE ASSOCIATES INC.	Date	October 3	31, 2018
roppying, including lec	ant of all fees received from the client identified above s for services such as public advocacy, government rela nitoring legislation, and related legal work. The gross to	ations or ni	iblic relatio	me cominae
a) Total of all fees rece	cived in this reporting period		a) \$	4,000.00
b) Total of all fees rece (This should equal t	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$ 	24,000.00
c) Total of all fees rece (Add lines a and b)	ived to date.		c) \$	28,000.00
 d) Indicate the amount yet been paid. 	of any such fees that are due, but have not		d) \$	14,600.00
lees. Separate reports a lobbyist(s)/firm that are are to be reported in or reporting period for sa expenses where the exp the cost was \$25.00 or leading purchase of a ceremonic statement of each indivi- covered by (a) (for exan- given to the subject of legislative reception). If	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each cle unrelated to any one client a separate report may be ne of three categories of expenses: (a) the aggrega laries, benefits, support staff, and office expenses; (lenditure was of \$25.00 or less (for example: meals pulses, purchase of a pen with a value of less than \$10 that object given to a person being lobbied with a value dual expenditure made during this reporting period of apple: purchase of a meal with value of greater than \$2 lobbying with a value greater than \$25, but not greater spenses for honorariums, expense reimbursement, or and should not be reported on Addendum A.	ient and if e filed for the te total of a b) the aggreurchased du nat is given of \$25.00 o greater than \$5, purchase ter than \$5	expenditure e lobbyist(s all expense egate total ring a busi to the pers or less); and \$25.00 fo of a cerem 0, restaura	es are made by the sylfirm. Expenses is paid during the of all individual iness lunch where on being lobbied, and (c) an itemized r any purpose not conial object to be not expenses for a
support staff, and office	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		4,500.00
o) Total aggregate of ex in a), of \$25 or less.	penditures during this reporting period, not reported			.00
c) Total of all itemized expenditures reported in detail in section VI.				.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AUTOLOTTO, INC. dba LOTTERY.COM c/o MULTISTATE ASSOCIATES	' BIA	
	INC.	
d) Total expenses for this reporting period. (Add lines a, b and c.)		
(Add files a, b and c.)	d) \$	4,500.00
e) Total of expenses paid this calendar year, prior to this reporting period.		
(This should be the amount on line f of addendum A for last month's report.)	e) \$	11,600.00
	·/ -	11,000.00
f) Total of all expenses year to date.	f) \$	16,100.00
VI. Other Expenses:		
Provide the following detail for all expenditures of more than \$25 made from labburges	Faga dumin - et i	
period, including by whom paid or to whom charged.	ees during this	reporting
Paid to:		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Amo	ount
	\$	
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	š	
	s	
	\$	
Sworn Statement/Affirmation by Lobbyist		
Sweet Beatement Ann mation by Coppying		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the	e foregoine in	
is true and complete to the best of my knowledge and belief.	e roregoing in	ormation
(Signature of lobbyist)		_
(Signature of lobbyist)	(Date)	P
(orginature or loopyist)	(Date)	
Paul A. Worsowicz		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:						
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): AutoLotto, Inc. dba Lottery.com c/o MultiState Associates Inc.						
Date of Report (check	one):					
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🔀	January 30, 20 t9 🔲			
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):						
1 Addendum A(s).						
0 Addendum B(s).						
0 Addendum C(s).						
I hereby swear or affirm complete to the best of	n that the foregoing info my knowledge and beli	ormation on the Statement and	d each Addendum is true and			
(Signature of Lobbyist	. Kall		10 · 19 · Julk			
Heidi L. Kroll			(Date)			